

U.S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE

## FARMERS' MARKET QUESTIONNAIRE

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NAME OF MARKET	NAME OF PERSON COMPLETING FORM	DATE
STREET ADDRESS (Including county)	TITLE	
	TELEPHONE NUMBER (Including Area Code)	
MAILING ADDRESS (If different from above)	E-MAIL ADDRESS	
	MARKET WEBSITE ADDRESS	

## PART 1 - INFORMATION ABOUT YOUR MARKET

- How large is the total area of your market? (Include parking, administrative areas, sale spaces, etc.) (mark appropriate box) ☐ sq. ☐ ft. ☐ acres.....
- How many open stalls does your market have?.....
- What is the size of the stalls?..... ft
- How many open stalls did your market have in 1996?.....
- How many covered stalls does your market have?.....
- What is the size of the stalls?..... ft
- How many covered stalls did your market have in 1996?.....
- What was the first year your market operated?.....
- Are you open the entire year? 

YES	NO
- If not open the entire year, in what month do you first open?.....
- What month do you close?.....
- What days and hours is your market open? (please mark appropriate boxes)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
<input type="checkbox"/> All day	<input type="checkbox"/> All day	<input type="checkbox"/> All day	<input type="checkbox"/> All day	<input type="checkbox"/> All day	<input type="checkbox"/> All day	<input type="checkbox"/> All day

- How many days a week were you open in 1996?.....
- What are the estimated total sales per year from your market?.....
- On average, what percent of market sales are from retail sales? (direct to consumers).....
- On average, what percent of market sales are from wholesale sales? (to restaurants or businesses).....
- Are market operations economically self sustaining (i.e. is market income sufficient to pay for all costs associated with operating the market)? 

YES	NO

18. If no. how does the market finance its activities? (list who funds the market and percent of total budget) provided)

19. Is your market administered by a:

Paid market manager? (full-time \_\_\_\_\_ part-time \_\_\_\_\_)

Vendor operated board of directors?

Government organization?

Private non-profit?

YES	NO

20. How many full-time workers does your market employ?

21. How many part-time workers does your market employ?

22. Do farmers sell:

Fresh fruits and vegetables?

Processed foods?

Prepared food? (foods that can be eaten at the market)

Crafts?

Other growers crops?

Baked goods?

Milk and/or dairy products?

Meat and/or poultry products?

YES	NO

23. The following questions deal with rules and regulations on the types of products farmers or vendors can sell at your market.

Producer only market?

Crops from outside the local area?

Crops or items purchased for resale?

Are there any other restrictions placed on the items farmers can sell at your market? (sale of meat, eggs, etc.) Please explain.

YES	NO

Do any farmers in the market participate in the WIC Farmer's Market Coupon program?

If no, do any farmers in the market participate in any nutrition programs? (please list programs in remarks area on page 4)

YES	NO

YES	NO

Does your market participate in a food "gleaning" or donation program?

If yes, how many pounds of food a year do you estimate that your market donates?

\_\_\_\_\_

What is your estimate of the dollar value of the food that your market donates?

\_\_\_\_\_

## PART 2 - INFORMATION ABOUT FARMERS USING YOUR MARKET

24. How many different farmers use your market? (Do not count return visits)

\_\_\_\_\_

25. On average, how many days per week does each farmer sell at your market?

\_\_\_\_\_

26. How many different farmers use your market as their only method of selling?

\_\_\_\_\_

27. How many different farmers used your market 5 years ago?

\_\_\_\_\_

28. What percent of farmers using your market travel the following distances? (should add to 100%)

0-10 MILES	11-20 MILES	21-50 MILES	51 + MILES

29. Of farmer annual sales at your market, how many farmers sales are in each of the following categories?:

\$1 - \$1,000	\$1,001 - \$5,000	\$5,001 - \$10,000	\$10,001 - \$25,000	\$25,001 - \$50,000	\$50,001 +

## PART 3 - INFORMATION ABOUT CONSUMERS USING YOUR MARKET

30. Estimated number of consumers visiting the market each week?

\_\_\_\_\_

31. Estimated number of consumers visiting the market each week 5 years ago?

\_\_\_\_\_

32. What percent of consumers using your market travel the following distances? (should add to 100%)

0-10 MILES	11-20 MILES	21-50 MILES	51 + MILES

33. Over the year, what percent of consumers using your market are of the following racial groups? (should add to 100%)

White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Other

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34. Over the year, what percentage of consumers using your market are Hispanic  
or Latino?.....

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Remarks: